

**FEC FORM 2**  
**STATEMENT OF CANDIDACY**

SECRETARY OF THE SENATE

10 OCT -5 AM 11:06

|  |                            |   |   |  |
|--|----------------------------|---|---|--|
| 1. (a) Name of Candidate (in full)<br>Charles Melancon |                            |   | 2. Identification Number<br>S0LA00154   |  |
| (b) Address (number and street)<br>PO Box 549          |                            |   | <input type="checkbox"/> Check if address changed   |  |
| (c) City, State and ZIP Code<br>Napoleonville LA 70390 |                            |   | 3. Is This Statement <input type="checkbox"/> New (N) OR <input type="checkbox"/> Amended (A) |  |
| 4. Party Affiliation<br>DEMOCRATIC PARTY               | 5. Office Sought<br>Senate | 6. State & District of Candidate<br>LA 00 |   |  |

**DESIGNATION OF PRINCIPAL CAMPAIGN COMMITTEE**

7. I hereby designate the following named political committee as my Principal Campaign Committee for the 2010 election(s).  
(year of election)

**NOTE:** This designation should be filed with the appropriate office listed in the instructions.

|  |  |  |
|--|--|--|
| (a) Name of Committee (in full)<br>Charlie Melancon Campaign Committee, Inc. |  |  |
| (b) Address (number and street)<br>POB 549                                   |  |  |
| (c) City, State and ZIP Code<br>Napoleonville LA 70390                       |  |  |

**DESIGNATION OF OTHER AUTHORIZED COMMITTEES**

(Including Joint Fundraising Representatives)

8. I hereby authorize the following named committee, which is NOT my principal campaign committee, to receive and expend funds on behalf of my candidacy.

**NOTE:** This designation should be filed with the principal campaign committee.

|   |  |  |
|---|--|--|
| (a) Name of Committee (in full)<br>Louisiana Florida Victory Fund |  |  |
| (b) Address (number and street)<br>426 C St. NE                   |  |  |
| (c) City, State and ZIP Code<br>Washington DC 20002               |  |  |

I certify that I have examined this Statement and to the best of my knowledge and belief it is true, correct, and complete.

|  |   |                    |
|--|---|--------------------|
| Signature of Candidate<br>Charles Melancon |  | Date<br>09/28/2010 |
|--|---|--------------------|

**NOTE:** Submission of false, erroneous or incomplete information may subject the person signing this Statement to penalties of 2 U.S.C. §437g.

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FEC FORM 2 (REV. 02/2009)

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**DESIGNATION OF OTHER AUTHORIZED COMMITTEES**

(Including Joint Fundraising Representatives)

[ ADDITIONAL ]

I hereby authorize the following named committee, which is NOT my principal campaign committee, to receive and expend funds on behalf of my candidacy.

**NOTE:** This designation should be filed with the principal campaign committee.

(a) Name of Committee (in full)

Committee for a Better Future

(b) Address (number and street)

426 C St. NE

(c) City, State and ZIP Code

Washington

20002

**DESIGNATION OF OTHER AUTHORIZED COMMITTEES**

(Including Joint Fundraising Representatives)

[ ADDITIONAL ]

I hereby authorize the following named committee, which is NOT my principal campaign committee, to receive and expend funds on behalf of my candidacy.

**NOTE:** This designation should be filed with the principal campaign committee.

(a) Name of Committee (in full)

Melancon Victory 2010

(b) Address (number and street)

12539 E. Sheraton Ave.

(c) City, State and ZIP Code

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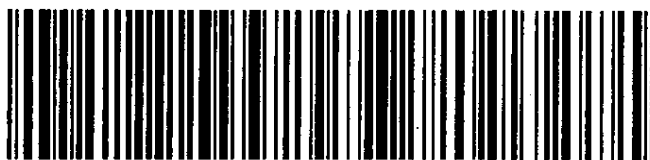
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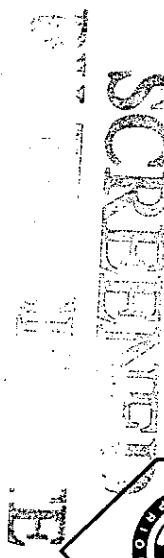
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